

“EXCAVATION/BARRICADE PERMIT APPLICATION FORM”

CONTRACTOR NAME: _____

CONTACT PERSON: _____ BILLING CONTACT: _____

TELEPHONE # _____ FAX # _____

IS JOB CITY OR STATE - FUNDED PROJECT? _____ YES _____ NO

IF SO,CITY PROJECT NUMBER/NAME: _____

STATE PROJECT NUMBER/NAME: _____

PURPOSE OF EXCAVATION/BARRICADING: _____

SEWER SERVICE CONNECTION PERMIT (IF APPLICABLE) # _____

“Barricading Information”

ADDRESS AND/OR LOCATION OF BARRICADED AREA: _____

START/COMPLETION DATE(S): _____

WHICH LANE(S); WHAT DIRECTION: (PROVIDE TRAFFIC CONTROL DIAGRAM) _____

LINEAR FOOTAGE OF WORK AREA: _____

BLUE STAKE # _____ BARRICADE COMPANY _____

SUBMITTED BY: _____

SIGNATURE

DATE

*****NORMALLY, THIS PERMIT WILL BE ISSUED WITHIN 48 HOURS, (2 WORKING DAYS), AFTER RECEIVING APPLICATION.*****

APPROVED: _____



DISAPPROVED: _____



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Revised 04/03